

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41102

5091

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KewPrimary Registration District No. 1062City Kansas City(No. Kansas City Gen Hosp St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Donald Pettig

Ward _____

Marville Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 24 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marville Mo.

FATHER

13. NAME

Earl Pettig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Mildred Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Record Clerk Gen Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marville Mo. DATE 12-25-31

19. UNDERTAKER (ADDRESS)

J. C. Cummings Marville Mo.

20. FILED

12/25/31 19 31 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12/24/31

22. I HEREBY CERTIFY, That I attended deceased from

12-24-31, 1931, to 12-24-31, 1931I last saw him alive on _____, 1931 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Foreign body (knot) in the trachea. SuffocationDate of onset 12/24/31

Other contributory causes of importance

Name of operation BronchoscopyDate of 12-24-31What test confirmed diagnosis? Tracheal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. E. Wallace

M. D.

(Address) Sup K C Gen Hosp

